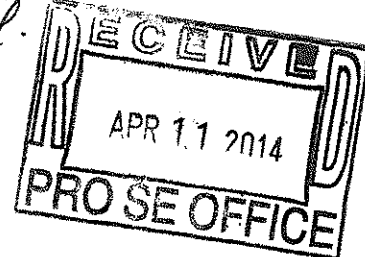


UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKANTON PURISIMA**14CV2755**

(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)

Civ.

-against-

NEW YORK CITY TRANSIT AUTHORITY, et.al.**REQUEST TO PROCEED
IN FORMA PAUPERIS**

(In the space above enter the full name(s) of the defendant(s)/respondent(s).)

I, ANTON PURISIMA, (print or type your name) am the plaintiff/petitioner in the above entitled case and I hereby request to proceed *in forma pauperis* and without being required to prepay fees or costs or give security. I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor, and that I believe I am entitled to redress.

1. If you are presently employed:
- give the name and address of your employer
 - state the amount of your earnings per month

2. If you are NOT PRESENTLY EMPLOYED:
- state the date of start and termination of your last employment
 - state your earnings per month

YOU MUST ANSWER THIS QUESTION EVEN IF YOU ARE INCARCERATED.Dec. 2007 (approximately)

3. Have you received, within the past twelve months, any money from any source? If so, name the source and the amount of money you received.

YES, PARTIAL Disability from NYC (State) & food stamps

a) Are you receiving any public benefits? NYS Cash ☐ No. ☒ Yes, \$ 250.00 /MONTH

b) Do you receive any income from any other source? ☐ No. ☒ Yes, \$ 189.00 /MONTH food stamps

4. Do you have any money, including any money in a checking or savings account? If so, how much?

☐ No.

☒ Yes, \$

72.00
xx

5. Do you own any apartment, house, or building, stock, bonds, notes, automobiles or other property? If the answer is yes, describe the property and state its approximate value.

☒ No.

☐ Yes, \$

6. Do you pay for rent or for a mortgage? If so, how much each month?

☒ No.

☐ Yes, _____

7. List the person(s) that you pay money to support and the amount you pay each month.

N/A

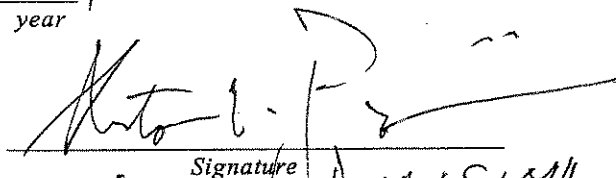
8. State any special financial circumstances which the Court should consider.

I am disabled and paying some (part-payment)
for my medication;
copying and mailing expenses, and
Transportation expenses.

I understand that the Court shall dismiss this case if I give a false answer to any questions in this declaration.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 11th day of APRIL, 2014
date month year



Signature

ANTONIO PURISIMA,
PLAINTIFF, PRO SE